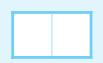


## 2020 Census of American Samoa Individual Census Questionnaire

FOR NPC  
USE ONLY



This is your Individual Census Questionnaire for the 2020 Census of American Samoa. It is important that everyone be counted, regardless of where they may be living at the time of the census. This Individual Census Questionnaire is to be used to count people who were living, staying or receiving services in group quarters on April 1, 2020. Some examples of group quarters include college or university residence halls, nursing homes, group homes, residential treatment centers, workers' group living quarters and correctional facilities. **Please answer ALL of the questions on this questionnaire. Then follow the instructions you were given when you received this questionnaire in order to return it to the appropriate person.** You are required by law to respond to the census (Title 13, U.S. Code, Sections 141, 193, 221 and 223).

Please turn to page 2 to begin.

Census Office

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County

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BCU

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Map Spot

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Within Map Spot ID

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UHE BCU

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UHE Map Spot

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UHE Within Map Spot ID

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The Census Bureau estimates that completing the questionnaire will take 25 minutes on average. Send comments regarding this burden estimate or any other aspect of this burden to: Paperwork Reduction Project xxxx-xxxx, U.S. Census Bureau, DCMD-2H174, 4600 Silver Hill Road, Washington, DC 20233. You may email comments to <2020.census.paperwork@census.gov>. Use "Paperwork Reduction Project xxxx-xxxx" as the subject.

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This collection of information has been approved by the Office of Management and Budget (OMB). The eight-digit approval number that appears at the upper right of the questionnaire confirms this approval. If this number were not displayed, we could not conduct the census.

### FOR OFFICIAL USE ONLY

#### Group Quarters ID

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A. PN

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B. Answered By:

- Respondent  
 Observation (TNSOLs only)

- Group Quarters Administrator  
 Other

C. QC:

	Rework
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D. JIC1

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JIC2

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# Start here

Use a blue or black pen.

## 1. What is your name? Print name below.

Last Name(s)

First Name

MI

## 2. Do you live or stay here most of the time?

Yes     No

## 3. Besides here, what is the full address of a place where you sometimes live or stay?

I never stay at any other place. I only live here.

Address Number (For example: 5007)

Street Name (For example: N Maple Ave)

Apt/Unit (For example: Apt A or Lot 3)

Village/Municipality/Estate

ZIP Code

## 4. Are you male or female? Mark ONE box.

Male     Female

## 5. What is your age on April 1, 2020, and what is your date of birth? If you don't know the exact age, please estimate. For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Age on April 1, 2020

years

Print numbers in boxes.

Month

Day

Year of birth

→ NOTE: Please answer BOTH Question 6 about Hispanic origin and Question 7 about race. For this census, Hispanic origin is not a race.

## 6. Are you of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ↗

## 7. What is your race?

Mark  one or more boxes AND print origins.

- White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ↗

- Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. ↗

- American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. ↗

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Native Hawaiian   |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> Korean     | <input type="checkbox"/> Samoan  |
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Chamorro  |
| <input type="checkbox"/> Other Asian –<br>Print, for example,<br>Pakistani, Cambodian,<br>Hmong, etc. ↗ |                                     | <input type="checkbox"/> Other Pacific Islander –<br>Print, for example,<br>Tongan, Fijian,<br>Marshallese, etc. ↗ |

- Some other race – Print race or origin. ↗



**15. What is your ancestry or ethnic origin?**

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

**16. a. Where was your mother born?**

- American Samoa
  - Outside American Samoa – Print name of U.S. state, U.S. territory, or foreign country below. ↗

**b. Where was your father born?**

- American Samoa
  - Outside American Samoa – Print name of U.S. state, U.S. territory, or foreign country below. ↗

**17. a. Do you speak a language other than English at home?**

- Yes
  - No → SKIP to question 18

**b. What is this language?**

*For example: Korean, Italian, Spanish, Vietnamese.*

### c. How well do you speak English?

- Very well
  - Well
  - Not well
  - Not at all

**18. Did you live at this address 5 years ago (on April 1, 2015)?**

- Person is under 5 years old → SKIP to question 20
  - Yes, this address → SKIP to question 20
  - No, different address in American Samoa
  - No, outside American Samoa – Print name of U.S. state, U.S. territory, or foreign country below. ✓

\_\_\_\_\_

**19. What was your main reason for moving?**

**What was your first job?**  
Mark  ONE box.

- |                          |              |                          |                  |
|--------------------------|--------------|--------------------------|------------------|
| <input type="checkbox"/> | Employment   | <input type="checkbox"/> | To attend school |
| <input type="checkbox"/> | Military     | <input type="checkbox"/> | Family-related   |
| <input type="checkbox"/> | Housing      | <input type="checkbox"/> | Natural disaster |
| <input type="checkbox"/> | Other reason |                          |                  |

**20. In 2019, did you receive benefits from the Food Stamp Program, SNAP (the Supplemental Nutrition Assistance Program), or NAP (Nutrition Assistance Program)?**  
*Do NOT include WIC, the School Lunch Program, or assistance from food banks.*

- Yes
  - No

**21. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?**

*Mark "Yes" or "No" for EACH type of coverage in items a – h.*

	Yes	No
a. Insurance through a current or former employer or union (of yours or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
b. Insurance purchased directly from an insurance company (by you or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicare, for people 65 and older, or people with certain disabilities	<input type="checkbox"/>	<input type="checkbox"/>
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>
e. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>
f. VA (enrolled for VA health care)	<input type="checkbox"/>	<input type="checkbox"/>
g. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>
h. Any other type of health insurance or health coverage plan – <i>Specify ↗</i>	<input type="checkbox"/>	<input type="checkbox"/>

**22. a. Are you deaf or do you have serious difficulty hearing?**

- Yes
  - No

**b. Are you blind or do you have serious difficulty seeing even when wearing glasses?**

- Yes
  - No

**B** Answer questions 23a – c if you are 5 years old or over.  
Otherwise, the questionnaire is complete.

**23. a.** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes  
 No

**b.** Do you have serious difficulty walking or climbing stairs?

- Yes  
 No

**c.** Do you have difficulty dressing or bathing?

- Yes  
 No

**C** Answer question 24 if you are 15 years old or over. Otherwise, the questionnaire is complete.

**24.** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes  
 No

**25. What is your marital status?**

- Now married  
 Widowed  
 Divorced  
 Separated  
 Never married → SKIP to D

**26. In the PAST 12 MONTHS did you get –**

Yes      No

- a. Married?    
b. Widowed?    
c. Divorced?

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**27. How many times have you been married?**

- Once  
 Two times  
 Three or more times

**28. In what year did you last get married?**

Year

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**D** Answer question 29 if you are female and 15 years old or over.  
Otherwise, SKIP to question 30a.

**29. How many babies have you ever had, not counting stillbirths?**  
Do not count stepchildren or children you have adopted.

None or  Number of children

**30. a.** Do you have any of your own grandchildren under the age of 18 living in this place?

- Yes  
 No → SKIP to question 31

**b.** Are you currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this place?

- Yes  
 No → SKIP to question 31

**c.** How long have you been responsible for these grandchildren? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.

- Less than 6 months  
 6 to 11 months  
 1 or 2 years  
 3 or 4 years  
 5 or more years

- 31. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?**  
Mark  ONE box.

- Never served in the military → *SKIP to question 34a*
  - Only on active duty for training in the Reserves or National Guard → *SKIP to question 33a*
  - Now on active duty
  - On active duty in the past, but not now

- 32. When did you serve on active duty in the U.S. Armed Forces?**  
Mark  a box for EACH period in which you served, even if just for part of the period.

- September 2001 or later
  - August 1990 to August 2001 (including Persian Gulf War)
  - May 1975 to July 1990
  - Vietnam Era (August 1964 to April 1975)
  - February 1955 to July 1964
  - Korean War (July 1950 to January 1955)
  - January 1947 to June 1950
  - World War II (December 1941 to December 1946)
  - November 1941 or earlier

- 33. a. Do you have a VA service-connected disability rating?**

- Yes (such as 0%, 10%, 20%, ..., 100%)
  - No → *SKIP to question 34a*

- b. What is your service-connected disability rating?**

- 0 percent
  - 10 or 20 percent
  - 30 or 40 percent
  - 50 or 60 percent
  - 70 percent or higher

- 34. a. LAST WEEK, did you work for pay at a job (or business)?**

- Yes → SKIP to question 35
  - No – Did not work (or retired)

- b. LAST WEEK, did you do ANY work for pay, even for as little as one hour?

- Yes
  - No → SKIP to question 40a

- 35. At what location did you work LAST WEEK?**

- American Samoa – Print name of village below. ↗

- Outside American Samoa** – Print name of U.S. state, U.S. territory, or foreign country below. ↵

- 36. How did you usually get to work LAST WEEK?**

Mark  ONE box for the method of transportation used for most of the distance.

- Car, truck, or private van/bus
  - Public van/bus
  - Taxicab
  - Motorcycle
  - Bicycle
  - Walked
  - Plane or seaplane
  - Boat, ferry, or water taxi
  - Worked from home → **SKIP to question 44a**
  - Other method

**E** Answer question 37 if you marked "Car, truck, or private van/bus" in question 36. Otherwise, SKIP to question 38.

- 37. How many people, including you, usually rode to work in the car, truck, or private van/bus LAST WEEK?**

### Person(s)

1

- 38. LAST WEEK**, what time did your trip to work usually begin?

## Hour

1

- a.m.
- p.m.

- 39. How many minutes did it usually take you to get from home to work LAST WEEK?**

Minutes

1

**F**

Answer questions 40 – 43a if you did NOT work last week.  
Otherwise, SKIP to question 43b.

**40. a. LAST WEEK, were you on layoff from a job?**

- Yes → SKIP to question 40c
- No

**b. LAST WEEK, were you TEMPORARILY absent from a job or business?**

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 43a
- No → SKIP to question 41

**c. Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work?**

- Yes → SKIP to question 42
- No

**41. During the LAST 4 WEEKS, have you been ACTIVELY looking for work?**

- Yes
- No → SKIP to question 43a

**42. LAST WEEK, could you have started a job if offered one, or returned to work if recalled?**

- Yes, could have gone to work
- No, because of own temporary illness
- No, because of all other reasons (in school, etc.)

**43. a. When did you last work, even for a few days?**

- 2020
- 2019 → SKIP to question 44a
- 2015 to 2018 → SKIP to G
- 2014 or earlier, or never worked → SKIP to question 47

**b. LAST YEAR, 2019, did you work at a job or business at any time?**

- Yes
- No → SKIP to G

**44. a. During 2019 (all 52 weeks), did you work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

- Yes → SKIP to question 45
- No

**b. During 2019 (all 52 weeks), how many WEEKS did you work? Include paid time off and include weeks when you only worked for a few hours.**

Weeks

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**45. During 2019, in the WEEKS WORKED, how many hours did you usually work each WEEK?**

Usual hours worked each WEEK

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**G**

Answer questions 46a – f if you worked in the past 5 years (since 2015). Otherwise, SKIP to question 47.

**46. DESCRIPTION OF EMPLOYMENT**

The next series of questions is about the type of employment you had last week.

If you had more than one job, describe the one at which the most hours were worked. If you did not work last week, describe the most recent employment in the past five years (since 2015).

**a. Which one of the following best describes your employment last week or the most recent employment in the past 5 years (since 2015)? Mark X ONE box.**

**PRIVATE SECTOR EMPLOYEE**

- For-profit company or organization
- Non-profit organization (including tax-exempt and charitable organizations)

**GOVERNMENT EMPLOYEE**

- Local or territorial government (for example: public elementary school)
- Active duty U.S. Armed Forces or Commissioned Corps
- Federal government civilian employee

**SELF-EMPLOYED OR OTHER**

- Owner of non-incorporated business, professional practice, or farm
- Owner of incorporated business, professional practice, or farm
- Worked without pay in a for-profit family business or farm for 15 hours or more per week

**b. What was the name of your employer, business, agency, or branch of the Armed Forces?**

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**c. What kind of business or industry was this?**

Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

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**d. Was this mainly – Mark X ONE box.**

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

